

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90023 044 ****50.00

DOCUMENT # L04000068614

1. Entity Name
LEESBURG DEVELOPMENT, LLC



Principal Place of Business
~~4432 PARKWAY COMMERCE BLVD.~~
~~ORLANDO, FL 32808~~

Mailing Address
4432 PARKWAY COMMERCE BLVD.
ORLANDO, FL 32808

14001407



2. Principal Place of Business
61 W. Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address
61 W. Colonial Dr.
Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State
Orlando, FL
Zip
32801
Country
USA

City & State
Orlando, FL
Zip
32801
Country
USA

4. FEI Number
20-1635610
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
4432 PARKWAY COMMERCE BLVD.
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
61 W. Colonial Dr.
City Orlando FL Zip Code 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBERT KODST	
STREET ADDRESS	61 W. COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHN B. SHOEMAKER	
STREET ADDRESS	61 W. COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DODED COHEN	
STREET ADDRESS	61 W. COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVE KODSI	
STREET ADDRESS	61 W. COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 101

4/22/05 407 294 7921